

Form F – STATEMENT OF LAW SCHOOL OFFICIAL

To be completed by the law school representative.

►NOTICE TO APPLICANT: This form is to be completed by the proper representative of your law school. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your law school administrator for completion:**

Applicant's Name: _____

Date of Birth: _____ SSN: XXX-XX- _____

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Applicant's Signature

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My Commission expires _____, 20 _____.

(SEAL)

Signature of Notary

Registration Number (if applicable)

IN REGARDS TO THE PETITION OF _____ (*Petitioner*)

I, _____, as _____ (*Title*)

state that my position at _____ (*Name of Law School*)

is such that it is my responsibility to authorize and monitor testing modifications requested by disabled students for the specific purpose of facilitating their participation as examinees. The petitioner, who _____ IS _____ WAS in attendance at this law school,

_____ was _____ was not granted testing modifications during examination(s).

If Petitioner was granted accommodations, outline below all accommodations granted.

Was the request for accommodations provided by the student reviewed by an independent professional expert in the disability claimed? ____ Yes ____ No

If "yes," attach a copy of the expert's report.

Disability Claimed: _____

If the Petitioner was granted additional testing time, generally, was the *extra time actually used*?

____ Yes ____ No ____ That information is not available

Executed on _____ by _____
(Date) (Official's Signature)